Comprehensive Cancer Control

...An integrated and coordinated approach to reducing cancer incidence, morbidity, and mortality through prevention, early detection, treatment, rehabilitation, and palliation.

Comprehensive Cancer Control

Comprehensive cancer control (CCC) is an emerging model that integrates a range of activities to maximize the impact of limited resources and achieve desired cancer prevention and control outcomes.

Cancer is the second leading cause of death in the United States. In 2003, about 1.3 million new cases of cancer will be diagnosed and more than 556,500 Americans—about 1,500 people a day—will die of the disease.* The financial cost of cancer is also significant. According to the National Institutes of Health, in 2002 the overall cost for cancer in the United States was $171.6 billion: $60.9 billion for direct medical expenses, $15.5 billion for lost worker productivity due to illness, and $95.2 billion for lost worker productivity due to premature death.

Comprehensive cancer control is based on the following principles:

- Scientific data and research are used systematically to identify priorities and inform decision making.
- The full scope of cancer care is addressed, ranging from primary prevention to early detection and treatment to survivorship and end-of-life issues.
- Many stakeholders are engaged in cancer prevention and control, including not only the medical and public health communities, but also voluntary agencies, insurers, businesses, survivors, government, academia, and advocates.
- All cancer-related programs and activities are coordinated, thereby creating integrated activities and fostering leadership.
- The activities of many disciplines are integrated. Appropriate disciplines include administration, basic and applied research, evaluation, health education, program development, public policy, surveillance, clinical services, and health communications.

The Financial Cost of Cancer in 2002

(estimated billions)

Source: National Institutes of Health.

* American Cancer Society, *Cancer Facts and Figures 2003.*

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

A Coordinated Public Health Approach

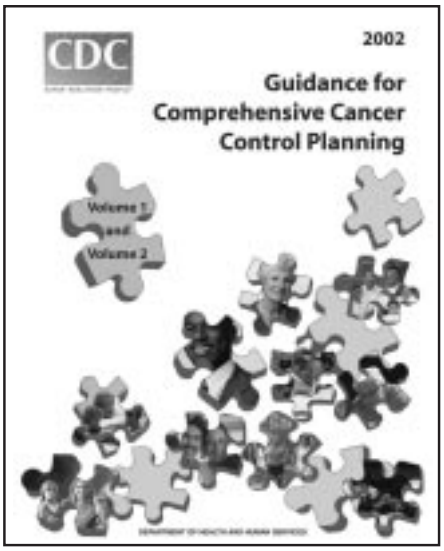
The Centers for Disease Control and Prevention (CDC) has developed the *building blocks* model for comprehensive cancer control planning, a strategy for building a coordinated public health response to cancer. This model provides a way to assess and then address the cancer burden within a state, territory, or tribe. It builds on the achievements of, and enhances the infrastructure created for, existing cancer programs—many of which address individual cancer sites or risk factors.

CCC is achieved through a broad partnership of public and private stakeholders whose common mission is to reduce the overall burden of cancer. These stakeholders review epidemiologic data and research evidence, including program evaluation data, and jointly set priorities for action. The partnership then mobilizes support for implementing specific cancer prevention and control activities and puts in place a systematic plan for establishing CCC. This structured approach provides the means to coordinate activities, track progress over time, monitor emerging developments in cancer and related fields, and periodically reassess priorities.

CDC is working to define criteria through which CCC implementation can be monitored and evaluated, and continues to study emerging CCC programs to identify components that appear salient for program success. This is helping CDC and others to provide sound guidance and technical assistance related to CCC program development, thereby enabling national, state, territorial, and tribal partners to more effectively contribute to reductions in cancer incidence, morbidity, and mortality.

Guidance for Comprehensive Cancer Control Planning

The newly published *Guidance for Comprehensive Cancer Control Planning* serves as a road map for CCC planning. The information in this document is based on the experiences of several states that have undertaken CCC planning in recent years. Each of the states worked with CDC and the Battelle Centers for Public Health Research and Evaluation to develop a CCC plan. These planning efforts have resulted in the development of the *Guidance for Comprehensive Cancer Control Planning*. This resource document recommends core components or *building blocks* that can help partners, experts, and stakeholders work together to optimize resources and coordinate cancer control activities within a state, territory, or tribe. The publication also includes a toolkit containing materials that planners can adapt for use in their own programs.



http://www.cdc.gov/cancer/ncccp/guidelines/index.htm

National Leadership

To help coordinate and leverage comprehensive cancer control efforts made at federal, state, and local levels, CDC has partnered with the following national organizations:

- American Cancer Society (ACS)
- American College of Surgeons (ACoS)
- Association of State and Territorial Health Officials (ASTHO)
- Chronic Disease Directors (CDD)
- Intercultural Cancer Council (ICC)
- National Cancer Institute (NCI)
- National Conference of State Legislatures (NCSL)
- National Dialogue on Cancer (NDC)
- National Governors Association (NGA)
- North American Association of Central Cancer Registries (NAACCR)

During 2000–2002, CDC worked with many of these partners—ACS, ACoS, CDD, ASTHO, ICC, NCI, NDC, and NAACCR—to sponsor a series of regional CCC leadership institutes. These sessions gave state-level planners and decision makers the information and tools needed to begin or enhance CCC planning efforts in their states.

The national convening partners are now designing a second series of leadership institutes that will focus on implementing CCC plans. A number of curriculum modules, including the following, are under development for these institutes:

- Developing innovative resources for CCC.
- Identifying strategies for implementing CCC plans.
- Building effective relationships for CCC collaborations.
- Connecting diverse elements of CCC for better outcomes.
- Linking resources for CCC (e.g., Cancer Control PLANET; see sidebar).
- Addressing disparities in the cancer experience.
- Advocating for CCC and cancer control policies.
- Evaluating CCC initiatives.

Several pilot sessions are planned for the biennial CDC Cancer Conference in September 2003.

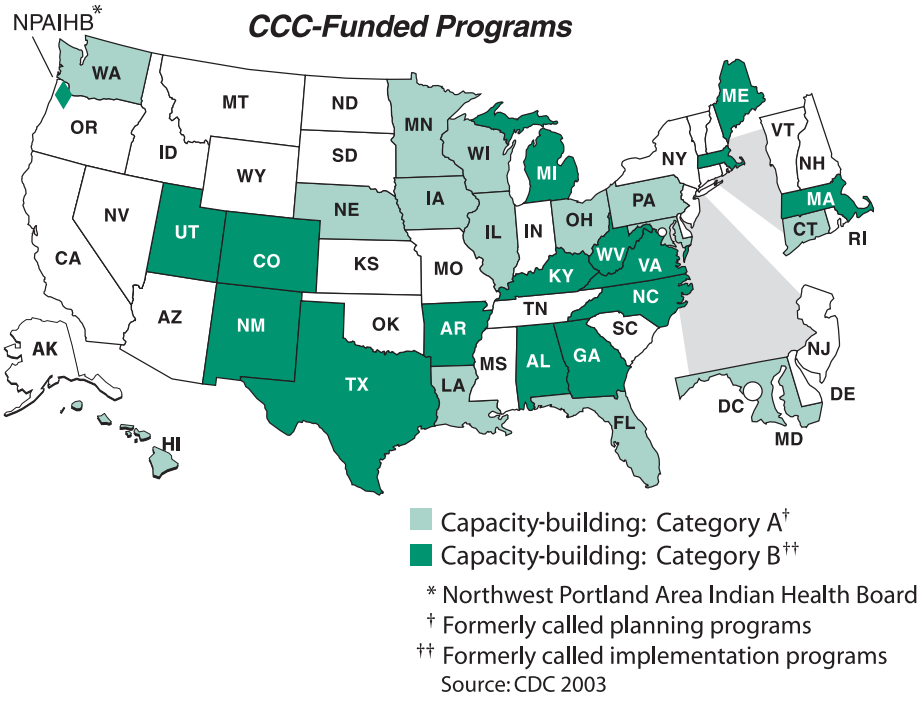
Cancer Control PLANET Web Resources

PLANET (Plan, Link, Act, Network with Evidence-based Tools) is a new Web-based resource for CCC planning, implementation, and evaluation. PLANET serves as a doorway to cancer-related data and to new evidence-based tools that can aid communities in better understanding and addressing their cancer burden. PLANET—a joint public and private effort—was announced in spring 2003 by NCI, CDC, and the Substance Abuse and Mental Health Services Administration and was developed in collaboration with ACS. (http://ccplanet.cancer.gov)

Comprehensive Cancer Control in Action

Sixteen states and one tribal organization have current comprehensive cancer control plans (as of 2003). Most of the remaining states are in the process of creating or updating a plan. With approximately $5.3 million in fiscal year 2002 funding, CDC supported CCC programs in 27 states and 1 tribal organization. With this support, public health agencies worked to establish broad-based CCC coalitions, assess the burden of cancer, determine priorities for cancer prevention and control, and develop and implement CCC plans. CDC also provided $3.6 million to support colorectal, prostate, and skin cancer activities within CCC programs during 2002. CDC expects to expand program support and activities for CCC with fiscal year 2003 appropriations.

CCC programs across the country are making significant progress in coordinating and integrating cancer prevention and control activities. Several state examples showing this progress follow.



Enhancing Infrastructure in Georgia

The Georgia Cancer Coalition, a partnership of public and private organizations, was created in 2000. With support from tobacco settlement funds, federal grants, and private organizations, the coalition has funded nine projects that are developing partnerships to educate citizens and increase cancer screening in rural counties that have breast, cervical, colorectal, or prostate cancer mortality rates above the state average. The coalition has also funded eight projects to improve the availability of mammography services for women living in counties that have no mammography facilities.

Assessing the Cancer Burden in Iowa

In 2001, legislation enacted in Iowa established the state's CCC Study Committee. On the basis of the cancer data in *Healthy Iowans 2010,* this committee used CDC's *building blocks* model to develop the following priorities:

- Assess cancer prevalence and incidence in Iowa.
- Evaluate the effectiveness of existing cancer control efforts in terms of prevention, early detection, treatment, rehabilitation, and quality of life.
- Identify additional resources for treatment of breast and cervical cancers.
- Evaluate the availability and effectiveness of cancer-related resources.
- Focus on prostate, bladder, colorectal, skin, lung, oral cavity and pharyngeal, breast, and cervical cancers.

These priorities, along with other findings of the committee, were documented in a report and provided the basis for Iowa's comprehensive cancer prevention and control plan.

Using Data and Research in Maine

The state of Maine provided members of its CCC planning group with surveillance data and research literature to help them develop evidence-based goals, objectives, and strategies. At least one member organization had to commit to a goal and its related objectives before the goal could become part of the CCC plan. The Maine plan contains 18 goals and about 100 related objectives. Each objective has multiple related strategies and an organization that has accepted responsibility for their implementation.

Confronting Cancer Locally in North Carolina

To address a priority within the North Carolina CCC plan, the state's Comprehensive Cancer Unit designed a pilot project to conduct colorectal cancer screening in 10 local health departments located throughout the state. The objective was to determine the feasibility of conducting colorectal cancer screening in local health departments. A total of 1,478 participants were counseled and offered fecal occult blood test kits; 706 (48%) completed and returned the kits. Ten precancerous polyps were found, and cancer was diagnosed in four individuals. An evaluation of this project found that local health departments could be useful in raising public awareness about the importance of early detection, as well as in encouraging participation in screening programs.

Building Partnerships for Cancer Control in West Virginia

Four founding organizations were instrumental in building West Virginia's broad-based CCC coalition: the West Virginia Breast and Cervical Cancer Screening Program, the Office of Epidemiology and Health Promotion in the West Virginia Bureau of Public Health, the American Cancer Society's Mid-Atlantic Division, and the Mary Babb Randolph Cancer Center of West Virginia University. These organizations effectively promoted the concept of CCC, generating interest across a wide spectrum of stakeholders. As a result, the statewide Mountains of Hope coalition now includes more than 120 organizations and individuals.

CDC's Future CCC Activities

- Expand national partnership activities.
- Engage in implementation research.
- Provide ongoing technical assistance.
- Expand the leadership institutes to address implementation challenges.
- Evaluate the impact of CCC.
- Expand the CCC program to include more states, territories, and tribes, as funding allows.

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